Neltner Billing Services

Patient Name: ___________________________ DOS: _________________ Dr: _________________________

Table CC – Audit Sheet (Established Office Visit)

Established Office Visit	**99211**	**99212**	**99213**	**99214**	**99215**
DOCUMENTATION CRITERIA (NEED 2 OF 3)	**Supervised Visit**	**Problem Focused**	**Expanded Prob. Focused**	**Detailed**	**Comprehensive**
I. HISTORY **(To qualify for a given level of history – all components must be met)** CHIEF COMPLAINT	□	□	□	□	□
HX OF PRESENT ILLNESS Location □ Quality □ Severity □ Duration □ Timing □ Context □ Modifying factors □ Associated s/s □	N/A	1-3 elements □	1-3 elements □	4 or more Elements □	4 or more Elements □
REVIEW OF SYSTEMS Constitutional □ Eyes □ Ears, Nose, Throat, Mouth □ Cardiovascular □ Respiratory □ Gastrointestinal □ Genito-urinary □ Musculoskeletal □ Skin and/or breast □ Neurological □ Psychiatric □ Endocrine □ Hematologic/Lymphatic □ Allergic/Immunologic □	Nursing Assessment of problem pertinent systems □	N/A	Problem Pertinent ROS of system related to problem in HPI **1 system** □	Extended ROS about system directly related to problem identified in HPI and a limited number of additional systems **2-9 systems** □	Complete ROS about system(s) related to problem in HPI plus all additional body systems- **At least 10 systems** □
PAST/FAMILY/SOCIAL HX Past □ Family □ Social □	N/A	N/A	N/A	1 item from any area □	Specific item from 2 of 3 areas □
II. PHYSICAL EXAM Constitutional □ Eyes □ Ears, Nose, Throat, Mouth □ Cardiovascular □ Respiratory □ Gastrointestinal □ Genito-urinary □ Musculoskeletal □ Skin □ Neurological □ Psychological □ Hematologic/Lymphatic □ Immunologic □	N/A	Affected body area or organ/system **1 system** □	Affected body area or organ systems and related systems **2-4 systems** □	Affected areas or organ systems and related organ Systems **5-7 systems** □	General multi system or complete exam of 1 system – **At least 8 systems** □
III. MEDICAL DECISION **(To qualify for a given level of MDM – 2-3- must be met)** DIAGNOSIS & TREATMENT OPTIONS Assessment/impression/dx □ Status of presenting problem □ Treatment initiation/changes □ Referral – who/where □		Minimal-1 diagnosis and simple treatment □	Limited diagnosis and treatment options □	Multiple diagnosis and/or treatment options □	Extensive diagnosis and/or treatment options □
DATA TO BE REVIEWED Type of ordered studies □ Interpretation of studies □ Old records/add. history □ Discussion with other MD's □		Minimal or none □	Limited □	Moderate □	Extensive □

See reverse side for remainder of MDM determination

Neltner Billing Services

Patient Name: ___________________________ DOS: _________________ Dr: _________________________

Table CC – (Cont'd)

Established Office Visit	**99211**	**99212**	**99213**	**99214**	**99215**
DOCUMENTATION CRITERIA (NEED 2 OF 3)	**Supervised Visit**	**Problem Focused**	**Expanded Problem Focused**	**Detailed**	**Comprehensive**
III. MEDICAL DECISION MAKING – Continued					
RISK FOR COMPLICATION, MORB IDITY, MORTALITY					
Co-morbidities/other factors □					
Invasive diagnostic procedure □					
DETERMINING LEVEL OF RISK – highest level in any category determines risk level					
1. PRESENTING PROBLEM:	N/A	Any One Element	Any One Element	Any One Element	Any One Element
One self limited	----------------------	-----------□			
Two or more self-limited	----------------------	--------------------------	-----------□		
Stable chronic illness	----------------------	--------------------------	-----------□		
1 or more chronic illness with mild exacerbation, progression, or treatment side effects	----------------------	--------------------------	--------------------------	------------□	
Newly, undiagnosed with unknown prognosis	----------------------	--------------------------	--------------------------	------------□	
1 or more chronic illness with severe exacerbation, progression, or treatment side effects	----------------------	--------------------------	--------------------------	-------------------------	-------------□
Abrupt change in neuro status	----------------------	--------------------------	--------------------------	-------------------------	-------------□
2. PROCEDURES ORDERED:					
Labs needing venipuncture	----------------------	----------□			
Superficial needle biopsy	----------------------	--------------------------	-----------□		
Deep needle biopsy	----------------------	--------------------------	--------------------------	------------□	
Collect fluid from body cavity LP, Thoracentesis, etc.	----------------------	--------------------------	--------------------------	-------------------------	-------------□
3. SELECTED MANAGEMENT					
Rest	----------------------	----------□			
IV fluids without additives	----------------------	--------------------------	-----------□		
IV fluids with additives	----------------------	--------------------------	--------------------------	------------□	
Prescription drugs	----------------------	--------------------------	--------------------------	------------□	
Parenteral controlled substances	----------------------	--------------------------	--------------------------	-------------------------	-------------□
Drugs causing extensive toxicity	----------------------	--------------------------	--------------------------	-------------------------	-------------□
DNR decision	----------------------	--------------------------	--------------------------	-------------------------	-------------□
De-escalation of therapy	----------------------	--------------------------	--------------------------	-------------------------	-------------□
Blood transfusions					

This is a level__________________________

Name of scorer_________________________